



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**  
P.O. Box 12057 - Austin, Texas 78711-2057  
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512  
www.tdlr.texas.gov education@tdlr.texas.gov

APPLICATION FOR:

**SANITARIAN COMMERCIAL EDUCATION BUSINESS  
CONTINUING EDUCATION PROVIDER REGISTRATION**

PURSUANT TO 16 TEXAS ADMINISTRATIVE CODE, CHAPTER 119

**DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW**

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Application			\$100		

**DO NOT WRITE ABOVE THIS LINE**

**THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK**

**Provider Name**

**Contact Person**

**Federal ID #**

Information regarding the Federal/Employer ID# may be obtained through this website:  
[www.irs.gov/businesses](http://www.irs.gov/businesses)

**Physical Address**  
(No PO Box)

Address	City, State, Zip Code
---------	-----------------------

**Mailing Address**

Address	City, State, Zip Code
Contact Person	Phone Number

**Telephone #**

**Email Address**

**Fax #**

**Website**

**Requirements:**

Continuing education providers are required to provide courses based on relevant subject matters to keep the licensee knowledgeable of current research, techniques, resources to improve skills, significant educational content and practical content to maintain competency. Providers must ensure that all continuing education instructors have the required credentials and knowledge to impart the educational information. Providers must have procedures to verify participant attendance and provide a certificate of completion to those registered sanitarians who completed the course. The certificate must include the name of the provider, the date, name of the course and the continuing education hours earned. Courses must be at least 50 minutes in length of actual instruction time. Providers are required to maintain a copy of all certificates of completion for five years.  
(in accordance with Section 119.27 of the Sanitarian rules)

**STATEMENT OF APPLICANT**

I certify that I will comply with all applicable provisions of the law and rules of the Texas Department of Licensing and Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapters 119 and 60) and all applicable requirements. I understand that providing false information on this application may result in the denial or revocation of the approval I am requesting and the imposition of administrative penalties.

Printed Name

Signature

Date